

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Democratic Party of Arkansas

ADDRESS (number and street)

1300 West Capitol Avenue☐(Check if address
is changed)**Little Rock****AR****72201**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

amy@arkdems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.arkdems.org

COMMITTEE'S FAX NUMBER

501-376-8409

2. DATE

M M
1 0/ D D
1 6/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00024372

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Karen Garcia

Signature of Treasurer

Electronically Filed by **Karen Garcia**

Date

M M
1 0/ D D
1 6/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☒ This committee is a **STA** (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Dollars for Democrats

Mailing Address

430 South Capitol St. SE**Suite 300****Washington****DC****20003**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Fundraising Committee

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Democratic Party of Arkansas

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**Karen Garcia**

Mailing Address

1300 West Capitol Avenue

Title or Position ▼

Little Rock

CITY ▲

AR

STATE ▲

72201

ZIP CODE ▲

Treasurer

Telephone number

501**376****8409**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Simmon's First National Bank

Mailing Address

100 Morgan Keegan Drive

Suite 410

Little Rock

AR

72202

CITY ▲

STATE ▲

ZIP CODE ▲